


Community Assistance, Recovery, and Empowerment Act

Hospital and Emergency Department & the CARE Act



The Community Assistance, Recovery, and Empowerment (CARE) Act established a civil court process to support eligible people with psychotic disorders who meet health and safety criteria (see [The CARE Act At a Glance](#) brief). The CARE Act is more than just a process: it is a way to connect individuals to services in their communities.

Providers and other designated staff at a hospital or emergency department (ED) treating a patient can initiate this connection to services (see [The CARE Process Flow](#)) by filing a petition or making a referral, as outlined below.

Hospitals and Emergency Departments & Petitions

Can hospitals and emergency departments serve as petitioners?

Among other eligible petitioners, a CARE petition can be filed by (1) the director of a hospital in which the respondent is hospitalized or (2) a licensed behavioral health professional involved in someone's treatment, including a designee of either. A "designee" at a hospital could, for example, include a psychiatrist, social worker, or another treatment team member. Staff at EDs are also part of a hospital system; therefore, they are also eligible petitioners.

After the petition is filed, the original petitioner should be present and can make a statement at the initial appearance, which is usually quite brief (less than 5 minutes). Remote appearances are common across courts. At the initial appearance, the county behavioral health (BH) agency will then take the place of the original petitioner.

Can hospitals and emergency departments make referrals to others to act as the petitioner?

In some cases, hospitals and EDs may refer to other persons or entities to act as the petitioner for the individual, such as county BH, law

enforcement, or a housing provider. Some county BH agencies have established a referral relationship with hospitals, EDs, and other county-related entities to support an efficient referral and petitioning process.

CARE Act allows facilities to refer individuals who are under an involuntary hold to county BH for CARE consideration and petitioning. Facilities must make this referral as soon as clinically indicated during the hospitalization, as a component of the discharge planning process. ([California Welfare and Institutions Code \[W&I Code\] § 5978.1](#); see also the [Senate Bill 42 Amendments](#) brief.)

Once the CARE referral is received, the county BH agency must assess the individual within 14 business days and file a petition if the individual is likely to meet eligibility criteria and does not engage in voluntary treatment. A referral does not permit the facility to maintain the hold if the individual no longer meets involuntary hold criteria.

See the [Overview of the Role of System Partners in the Petition Process](#) video for a brief overview of the petitioning process and tips on what to include.

What information should be included in a petition?

The petition helps a judge determine an individual's possible [eligibility for CARE](#).

Key points to include:

- Confirmed or provisional diagnosis of an [eligible psychotic disorder](#).
- Observed symptoms and behaviors (e.g., delusions, paranoia, hallucinations, disorganized speech/behavior, blunted affect, seclusive behavior).
- Declining mental/physical state affecting basic needs.
- Challenges with self-care tasks (e.g., personal hygiene, dressing).
- Issues with housing, transportation, and finances.
- Difficulty forming and maintaining social relationships.
- Repeated refusal of or interruptions to treatment, including ineffective treatment.

For more tips on what to include, see the [Petitioning at a Glance](#) video.

🔍 Lessons Learned from the Field

In a [training for hospitals and ED staff](#), those in the hospital setting provided the following lessons, strategies, and successes that can be replicated across counties as CARE is implemented:

- Set expectations for staff on the CARE Act process, provide training materials, and clarify eligibility to avoid confusion with other programs.
- Develop petition workflows, designate roles, and proactively identify eligible patients.
- Clinicians should assess time needed for petitions and court appearances and delegate tasks when possible to peer support staff, community health workers, and care navigators.
- Hospitals can integrate the CARE Act into care workflows by involving teams, support systems, and collaborating with county agencies.
- Use a trauma-informed approach to acknowledge and respect the patient's past trauma, reducing re-traumatization and improving their engagement.

🔗 Additional Resources

Information for petitioners is consolidated on the CARE Act [Resources for Petitioners](#) landing page, including resources for completing a petition, resources for specific petitioners types (including [how-to videos](#)), and CARE basics.



How could hospitals and emergency departments incorporate CARE into workflows?

Clinicians can assess CARE eligibility at key points in an individual's care, such as during the initial intake or psychiatric evaluations after admission. During discharge planning, social workers, discharge planners, and navigators can assess for CARE eligibility and prompt a referral to county BH or develop a petition themselves. Reviewing records can also help reinforce referrals/petitions and identify individuals who may benefit from the CARE process.